

SkyHawks Cheer Sensation

CHEER FOR THE SKYHAWKS!!

Cheer Clinic for 4 year olds through 6th Graders

Sponsored by the Skutt Catholic Cheerleaders



Friday, Sept. 28, 2018 4 pm through half-time
Registration 3:30 - 4 p.m.

Cost: \$40, two or more siblings \$35 each

Clinic: 4 p.m. until half-time of the SkyHawks Football game vs. Ralston
Participants will cheer with the Skutt Catholic cheerleaders for the first half of the game!

Clinic price includes: T-shirt, fun theme stuff, pizza, drink, dessert & family admission to the game

Complete the form below and return it with your payment (make checks out to **Skutt Catholic Cheer**) and mail to:
Emma Piffner
6414 S. 177th St. Omaha, NE, 68135

Questions? Contact Emma at 402-690-3931 or empiffner@gmail.com
You will receive an email confirmation with additional information after September 17th

You won't want to miss this "Cheer for the SkyHawks" performance!

Please register by September 17th to insure you get a t-shirt and that you get the proper size. See you soon!

Participant's Name: _____ Grade (2018-2019): _____

School: _____

T-shirt size (check one): Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L

Parent/Guardian's Name: _____

Parent Email: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Secondary Phone: _____

Please put me in the same group with (call your friends and get a group together): _____

Please list/explain all medical needs, special dietary, or food allergies: _____

In the event a parent/guardian cannot be reached, please contact the following:

Contact name & relationship to participant: _____ Contact phone number: _____

I certify that my child has permission to attend the SkyHawk Cheer Sensation Clinic and has been cleared by a physician to participate. We agree on behalf of ourselves, the child named herein, or our heirs, successors, and assigns, to hold harmless and defend Skutt Catholic High School, its officers, directors and agents, and the Archdiocese of Omaha and representatives associated with the SkyHawk Cheer Clinic supervision, from any illness, injury, or cost of medical treatment, arising from or in connection with the student's (named above) participation in the camp activities, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees.

Parent/Guardian Signature: _____